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PTO/SB/17 (10-07)
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	12/08/2004					mplete if Know		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/537,099-Conf. #8519		
FEE TRANSMITTAL						December 29, 2005		
For FY 2008			First Named Inventor Examiner Name		Antonie Selis VAN DE  David H. Bandh			
Applicant claims small on	thy status	Soo 27 CED 1 2	,		le l		1	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 4193					
TOTAL AMOUNT OF PAYMENT (\$) 460.00			Attorney Docket No. 2409-0154F			)1 		
METHOD OF PAYMENT (	check all t	hat apply)						
Check Credit Card		Money Order	No	ne Other	r (please ident	tify):		
X Deposit Account Deposit A	occount Number	oer: 02-	2448	Depos	it Account Nar	ne: Birch, Stewart	, Kolasch &	Birch, LLP
For the above-identifie	d deposit	account, the D	irector is	hereby authoria	zed to: (che	eck all that apply)		
x Charge fee(s) inc	licated be	low		Char	ge fee(s) ir	ndicated below, ex	cept for t	he filing fee
Charge any addit fee(s) under 37 C			ments o	f x Cred	it any oven	payments		
FEE CALCULATION								
1. BASIC FILING, SEARCH, A							<u> </u>	
	FILIN	G FEES Small Entity	SE	ARCH FEES  Small Entity		NATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)		Fees I	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0 .		
2. EXCESS CLAIM FEES								Small Entity
Fee Description Each claim over 20 (including	Reissues)	)					Fee (\$) 50	Fee (\$) 25
Each independent claim over 3	(includir	ng Reissues)	•				210	105
Multiple dependent claims							370	185
Total Claims			Paid (\$)	<u>N</u>	Multiple Depende	nt Claims		
23 - 23 = 0		50.00 = _	0	.00	<u> </u>	ee (\$) F	ee Paid (\$	<u>5)</u>
HP = highest number of total claims								
Indep. Claims Extra Cla  2 -3 = 0		<u>ee (\$)</u> 10.00 =		Paid (\$)		•		
2 - 3 = 0 HP = highest number of independent				.00				
3. APPLICATION SIZE FEE	olalino pala	i ioi, ii greater ata						
If the specification and drawi listings under 37 CFR 1.5: sheets or fraction thereof.	2(e)), the	application siz	e fee du	e is \$260 (\$130	for small e	iled sequence or centity) for each ad	omputer ditional 5	0
	Sheets		. ,	dditional 50 or fra		of Fee (\$)	Fee	Paid (\$)
				(round up to a wh				( <del>4</del> )
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification, Other (e.g., late filing surch		•	-	•	cocond m	onth	46	20.00
	aige)12	OZ LAGIISIUI	i ioi ie:	ponse willing	sewna m	UHUT	40	50.00
SUBMITTED BY	<del>(</del>	20	2 1	Registration No.	40.000		(700) 05	5.0005
Signature	40	You	-	(Attorney/Agent)	43,368	<del></del>	(703) 20	
Name (Print/Type) Paul C. Lew	is		#	F2146	· <u>3</u>	Date AUG	01 20	008
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PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008	Docket Number (Optional) 2409-0154PUS1								
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)									
Application Number 10/537,099-Conf. #8519	Filed Decer	mber 29, 2005							
For PRINTING MODULE, AND PRINTING MACHINE PROVIDED WITH SUCH PRINTING MODULE									
Art Unit 4193	Examiner	D.A. Banh							
This is a request under the provisions of 37 CFR 1.136(a) to extend the perioapplication.	od for filing a reply in the	e above identified							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
Fee One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60	\$							
X Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$ 460.00							
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$							
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$							
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$							
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record. Registration Number 43,368  attorney or agent under 37 CFR 1.34.  Registration number if aeting under 37 CFR 1.34  Registration number if aeting under 37 CFR 1.34  Paul C. Lewis Aug 12008  Typed or printed name Telephone Number									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repre than one signature is required, see below.	sentative(s) are required. Subn	nit multiple forms if more							
Total of 1 forms are submitted.	AN COLUMN TOWNS	априизод 02244A 105							

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